

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

ANTWON L. WILLIAMS,
Plaintiff,

CIVIL ACTION NO. 4:23CV3214

VS.

COMPLAINT

SCOTT FRAKES, DIRECTOR OF
THE NEBRASKA DEPARTMENT OF
CORRECTIONAL SERVICES (NDCS);
JEFF KASSELMAN, MEDICAL DIRECTOR
OF THE NEBRASKA DEPARTMENT OF
CORRECTIONAL SERVICES (NDCS);
DR. ROBERT CUNARD, MEDICAL
DOCTOR AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS);
CHRISTINE SCRVIDO, REGISTER
NURSE AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS);
ANTINUKE BAMIES, CONTRACT REGISTER
NURSE AT THE DIAGNOSTIC & EVALUATION
CENTER (NDCS); MIKE ABEJO, CONTRACT
REGISTER NURSE AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS);
EDITH ENIKE, CONTRACT REGISTER
NURSE AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS);
CHERYL FLINN, PHYSICIAN ASSISTANT,
CONTRACT AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS);
ERIN DOUGHERTY, PHYSICIAN ASSISTANT,
CONTRACT AT THE DIAGNOSTIC &
EVALUATION CENTER (NDCS),
Defendants.

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FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA

I. JURISDICTION & venue

This is a civil action authorized by 42 U.S.C. Section 1983 to redress the deprivation, under color or state law, of rights secured by the Constitution of the United States. The Court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a)(3). Plaintiff seeks declaratory relief pursuant to 28 U.S.C. Section 2201 and 2202. Plaintiff's claims for injunctive relief are authorized by 28 U.S.C. Section 2283 & 2284 and Rule 65 Of the federal Rules Of Civil Procedure.

II. PLAINTIFF

PLaintiff Antwon L. Williams, is and was at all times mentioned herein a prisoner of the State Of Nebraska in the custody of the Nebraska Department Of Corrections. He is currently confined in Nebraska State Prison, in Lincoln, Nebraska.

III. DEFENDANTS

Defendant Jeff Kasselmann is the medical director of Nebraska Department of Corrections, who is at all times mentioned in this complaint, recommend all necessary programs for the preservice, inservice, and continuing medical training as well as education of the health care staff and other relevant staff of health care providers.

Defendant Scott Frakes was at all times the director of Nebraska Department Of Corrections. He is legally responsible for the operation of the department and each institution under its jurisdiction, including the Nebraska State Penitentiary (NSP).

Defendant Dr. Robert Cunard is the medical doctor of the Diagnostic & Evaluation Center (D&E), who is mention at all times in this complaint. He is legally responsible for the medical care of all the inmates of that facility.

Defendant Christine Scrvido, is a register nurse at the Diagnostic & Evaluation Center (D&E), who is mention at all times in this complaint. She is legally responsible for the medical care of all inmates of that facility.

Defendant Mike Abejo, is a register nurse at the Diagnostic & Evaluation Center (D&E), who is mention at all times in this complaint. He is legally responsible for the medical care of all inmates of that facility.

Defendant Edith Enike, is a register nurse at the Diagnostic & Evaluation Center (D&E), who is mention at all times in this complaint. She is legally responsible for the medical care of all inmates of that facility.

Defendant Cheryl Flinn, Physician (NDCS), who is mention at all times in this complaint. She is legally responsible for the medical care of all inmates of that facility.

Defendant Erin Dougherty, Physician (NDCS); who is mention at all times in this complaint. She is legally responsible for the medical care of all inmates of that facility.

Defendant Antinuke Bamies, is a register nurse at the Diagnostic & Evaluation Center (D&E), who is mention at all times in this complaint. She is legally responsible for the medical care of all inmates of that facility.

Each defendant is sued individually and in his/her official capacity. At all times mentioned in this complaint each defendant acted under the color of State law.

IV. FACTS

1. On June 16, 2021 Plaintiff Antwon L. Williams arrived at the State Of Nebraska Department Of Correctional Services Diagnostic & Evaluation Center (D&E) location 3218 West Van Dorn Street Lincoln, Nebraska 68522.

2. Initially, Plaintiff was being detain at (D&E) for violation of his parole.

3. Upon information and belief Plaintiff believes while being detain or confined at (D&E) receptionist department that he'd received a protocol medically psychlogical evaluation by nurse Christine Scrvido contract nurse (NDCS) who at the time informed to plaintiff that her purposes was for to ask plaintiff a list of questions concern his psychological, physical and mental health before allowing plaintiff to be release out into the inmate population.

4. Plaintiff was first ask by Ms. Scrvido was he suicidal or ever tried to commit suicide or have suicidal tendacies or did he feel like hurting himself or anyone else.

5. Plaintiff answer no to all thee aboved questions.
(SEE: EXHIBITS #9 & 10)

6. Ms. Scrvido then went on to ask Plaintiff rather or not he has any type of illness or medical issues or take medications that medical staff need to aware of at this time.

7. Plaintiff informed to Ms. Scrvido that he was epileptic and has grand mal seizure that he hasn't had his anti seizure medication that his last doses were two (2) days ago. That it was imperative that he take his medication that he takes **CarBAMazepine 400mg twice daily during morning and during evening.** (SEE: EXHIBIT#1,#9&39)

8. Ms. Scrvido then inform to plaintiff that her department had his medication prescription who asked other staff to see that plaintiff remain at the receptionist area until she return with his medication.

9. A short while later Ms. Scrvido had return back to the receptionist area with a yellow football shape pill that was contained inside of a small clear cup or see through measure-ment cup which most medical institutions primarily used to transfer medications to their patients which Ms. Scrvido had offered for plaintiff to consume at the time.

10. Plaintiff immediately notice that the yellow football shape pill was different at least didn't look like his prescribed medication **CarBAMazepine** which he stated to Ms. Scrvido that she was administering the wrong medication to him maybe ment for some one else that he has been taken **CarBAMazepine** all his life knows his medication when he sees it.

11. Mr. Scrvido replied to plaintiff that she was administering his appropriate prescribed medication that the yellow football shape pill was **CarBAMazepine** only different shape color not what plaintiff use to seeing.

12. Ms. Scrvido had ensure to plaintiff that the yellow football shape pill was a **CarBAMazepine** anti seizure medication and base from the fact that Ms. Scrvido is a register nurse plaintiff had consume the yellow football shape pill which he thought at the time was his prescribed medication. (SEE: EXHIBIT #1&10)

13. ¹² Afterward plaintiff was ask to sign a medical log by Ms. Scrvido verification of his prescribed medication **CarBAMazepine 400mg** shortly after release into the inmate general population. (**SEE:EXHIBIT #10**)

14. On June 17, 2021 Nurse Mike Abejo while out on his medical delivery rout at the Diagnostic & Evaluation Center (**D&E**) to distribute medication from a med-cart to inmate general population.

15. Came time for plaintiff to received his anti seizure medication from off the med-cart nurse Abejo handed plaintiff a small clear see through measurement cup contained inside of the cup appear to be the same yellow football shape pill that Ms. Scrvido had administered to plaintiff the day before.

16. Before consuming the medication. PLaintiff ask Mr. Abejo about the yollw football shape pill which he stated to Mr. Abejo was the yellow football shape pill **CarBAMazepine** anti seizure medication. Was he administering his prescribed medication to him.

17. Mr. Abejo informed to plaintiff that his job was to distribute inmates their prescribed medication this his medication was either prescribed by medical physicians or either by a doctor that he doesn't prescribed medication except for he'd ensure to plaintiff that the yellow football shape pill was a **CarBAMazepine**.

18. Plaintiff consume the yellow football shape pill administered to him by nurse Abejo which plaintiff thought at the time was his prescribed medication. (**SEE:EXHIBIT#11**)

19. On June 17, 2021 later that same day during thee evening time. Nurse Edith Enike arrived at plaintiff living location to administer plaintiff his anti seizure medication to him.

20. This time plaintiff notice that the anti seizure medication being administered to him by nurse Enike was a **CarBA-Mazepine 400mg** along with the yellow football shape pill both were contain inside of a medical cup.

21. Before Plaintiff consume the anti seizure medication. PLaintiff ask Ms. Enike what werethe reasons for him to take doses of both pills that supposed to be the same medication **CaBAMazepine**. That he is only prescribed to take his anti seizure medication twice daily one (1) during morning one (1) during evening.

22. Nurse Enike informed to plaintiff that she have to administer his medication to him according to how it is pre-scribed either by his physician or doctor. That her job were to distribute or hand out medication to those who medical services are require to administer to. That she receive orders from her superiors to administer both pills anti seizure medication to plaintiff. And base from what nurse Enike informed to plaintiff he'd consume both anti seizure drugs administered to him by nurse Enike. (**SEE:EXHIBIT# 11&12**)

23. On June 18, 2021 NURse Antinuke Bamies arrived at plaintiff's living location to administer plaintiff his anti seizure medication to him. Plaintiff again notice both pills **CarBAMazepine4400mg** along with the yellow football shape pill which also contain inside of a medical cup. Which plaintiff again stated his concerns about the yellow football shape pill to Ms. Bamies. Who ask what were the reasons for plaintiff to take both anti seizure medications when he is prescribed to take only **CarBAMazepine 400mg** twice daily for plaintiff's epilepsy disorder.

24. Ms. Bamies informed to plaintiff that shewas aware of his illness situation that he have to take his medication according to how they are being administered to him. That his medical records shows that plaintiff is prescribed to be administered both anti seizure medication twice daily which plaintiff again

had consumed both anti seizure drugs administered to him by nurse Antinuke which plaintiff believe that he had to take according to medical procedure inorder to meet his serious medical needs and to avoid from having a major seizure episode. (SEE:EXHIBITS#11&12)

25. On June 19, 2021 upon information and belief plaintiff believe that at some point in time that he must've lost consciousness or either blackout. Realizing that he's confined on a medical ward gallery wearing suicidal attire while being under video monitoring at the Nebraska Department of Correctional Services. Lincoln Correctional Center (LCC) location 3216 West VanDorn St. Lincoln, NE 68522. (SEE:EXHIBIT#3)

26. At the time plaintiff was suffering from having a sever migrain headache, stiff neck, sore throat, lower back and side pain.

26. Plaintiff begin to pound on the door for medical staff attention inquiring about his statusis condition asking staff why is he wearing suicidal attire and why was he on the medical gallery or how did he get there to begin with.

27. Nurse who identity unknown to plaintiff had informed to plaintiff that he was a danger to himself as well as to staff and other inmates. That just thee other day he had a violent episode resulted to plaintiff attacking staff and inmates using threatening abusive language making statements to kill every one. That Plaintiff was trying to hang himself and had to be restrained by several correctional officers. (SEE:EXHIBIT#3&18)

28. Though plaintiff had no recollection about what happen alledge events and was in disbelief about matters said to him by the unknown nurse which plaintiff informed to the unknown nurse that he was suffering from having a migrain headache, stiff neck, sore throat, lower back and side pain. That he needed some relief from his pain and suffering.

29. Unknown nurse informed to plaintiff that medical staff had received orders from their superiors not to administer medication to plaintiff not until he is seen or examined by the doctor.

30. While plaintiff still continue to be confined on the medical gallery on suicidal watch. Plaintiff was able to consult with two correctional staff about his matters. Lt. Dominic Whitherspoon and Lt. Kent Heider who also confirmed to plaintiff the same as what was said to him by the nurse who identity unknown to plaintiff.

31. However, both correctional staff Mr. Whetherspoon and Mr. Heider stated to plaintiff that he wasn't himself thee other day. That he caught every one by surprise or off guard. That plaintiff is known to staff for to be polite and very mild manner. That he went out on a violent out rage thee other day. Tried to hang himself.

32. PLaintiff informed to both correctional staff Mr. Whetherspoon and Mr. Heider that he believe that that he believe that the interaction of both anti seizure medication **CarBAMazepine** along with a yellow football shape pill administer to him by prison medical staff is what cause his violent episode. That he was suffering from other health issues in result of medical staff deliberate indifferences to plaintiff serious medical needs. That medical staff is delaying to provide plaintiff with futher medical care claimed their reasons because plaintiff is suicidal.

33. Thereafter on June 21, 2021 medical staff nurse had begin to administer plaintiff his prescribed medication **CarBAMazepine 400mg twice daily** without the yellow football shape pill. Exactly how plaintiff medication was prescribed to be administered to him. (SEE: EXHIBIT #5)

34. Upon information and belief plaintiff believes that he'd discovered that the yellow football shape pill administered to him by prison medical staff was **Keepra 500mg** along with his prescribed anti seizure medication **CarBAMazepine 400mg** twice daily doses for several days total amount of **1800 milligrams**.

35. Upon information and belief plaintiff believes that ~~that Keepra~~ **keepra** is another form of anti seizure medication prescribed by a physician to someone base from a neurologist diagnoses factors levels of their epilepsy medically conditions whether mild seizure or grand mal seizure or tonic-clonic-seizure etc.

36. Plaintiff is epileptic suffer from grand mal seizure who was in disbelief about the matters at the time. That prison medical staff were administering to him an interaction of unprescribed drugs **CarBAMazepine 400mg and Keepra 500mg** twice daily doses for several days which is twice amount of plaintiff lethal prescribed doses. Plaintiff believes that the **Keepra** anti seizure drugs was a hazardous to his health/serious medical needs.

37. On June 20th, June 21th, and June 27, 2021 Plaintiff filled out a inmate request form address to the prison medical staff department and to the prison warden inquiring about the cocktail mixture of anti seizure drugs that prison medical staff had been administering to him for several days which plaintiff believes resulted to his violent episode which plaintiff specifically specified in his complaint was medical staff trying to kill him. **(SEE:EXHIBIT #24,#25,#26,#27,#28,29 and 30)**

38. On July 6, 2021 Cheryl Flinn physician assistant contract (NDCS) provider reply to plaintiff's inmate request. That the medical abuse has been straighten out. **(SEE:EXHIBIT#29)**
~~That the medical abuse has been straighten out.~~

39. On July 7, 2021 Plaintiff sent a inmate request to Scott Frakes, (NDCS) prisoners' director which plaintiff request that the director investigate matters that he wasn't suicidal that his incident resulted from prison medical staff administering an interaction of unprescribed anti seizure drugs to him that he

need to be examine by a neurologist or either a pathologist

40. Scott Frakes, NDCS Director to this day has yet to respond to Plaintiff's inmate request form.

41. On July 15, 2021 one (1) month later after Plaintiff's violent episode from the interaction of **CarBAMazepine 400mg and Keppra 500mg** anti seizure drugs administered to Plaintiff by prison medical staff is when Cheryl Flinn, Assistant Physician had authorized for prisoner's medical staff to draw unites of Plaintiff's blood for to be sent out for lab testing due to the nature of his violent episode. (SEE: EXHIBIT#32)

42. Upon information and belief Plaintiff believes that the reasons why Ms. Flinn waited a month later to draw his blood for lab testing because she was aware about the facts that prison medical staff had been administering an interaction of anti seizure drugs to Plaintiff that her actions was a cover up because she did not was a toxicologist or pathologist to discovered traces of the interaction of **CarBAMazepine and Keepra** anti seizure drugs in plaintiff's blood samples that was administered to him by prison medical staff. Then reach the conclusions that Plaintiff was being medically abuse from the interaction of anti seizure drugs by prison medical staff which was the result of his violent episode due to the fact that Plaintiff was suffering from the side effect of both anti seizure drugs. (SEE: EXHIBIT#57)

43. Upon information and belief Plaintiff further believes that Ms. Flinn as a medical Physician who has the ability to diagnose and mandate treatment for some ones conditions. That she knew as a medical Physician about the risk danger interaction of the anti seizure drugs administered to Plaintiff could result to further significant injuries without treatment in a timely fashion. That Plaintiff should've receive a emergency treatment immediately or shortly after his violent episode from the interaction of **CarBAMazepine and Keepra**. But to wait a month later to draw Plaintiff's blood for lad testing her actions or inactions

44. Upon information and belief PLaintiff believes that on JUNE 24, 2021 and June 25, 2021 that Erin Dougherty was aware of the unprescribed interaction of **CarBAMazepine 400mg and Keepra 500mg** administer to PLaintiff by prison medical staff that as a medical Physician she had amp amount of time to take charged of matters prescribed PLaintiff his appropriate anti seizure medication meeting his serious medical needs.

SEE:EXHIBIT#7&26)

45. Upon information and belief PLaintiff believes that Erin Dougherty as a medical Physician that she has the ability to diagnose mandate treatment for someones medical condition. That as a medical Physician she has knowledgeable training about drugs and their interaction danger risk which comes along with medically drug abuse especially when an individaul has been diagnose to have a chronic medical condition such as PLaintiff who suffer from grand mal seizure.

46. Upon information and belief Plaintiff believes that Ms. Dougherty as a medical Physician who knows the risk danger cause by interaction of unprescribed drugs. That the **CarBAMazepine 400mg and Keepra 500mg** components from both drugs had became toxic to PLaintiff's internal organs which in result of PLaintiff to suffer from further significant injuries without receiving treatment in a timely fashion.

47. Upon information and belief PLaintiff further believes that Ms. Dougherty as a medical Physician knew that PLaintiff medically drug abuse interaction of **CarBAMazepine and Keepra** anti seizure drugs had cause for an medical emergency hospitalization where PLaintiff would've been able to have the toxic substances flush from his internal organs avoiding Plaintiff from having further significant injuries. When she failed to take thee intiative or immediately take action after being aware of Plaintiff's medically abuse drug interaction.

48. Upon information and belief Plaintiff believes that on June 16, 2021 that Doctor Robert Cunard had ordered for prisoners' medical staff to administer the interaction of unprescribed drugs to him **Carbamazepine 400mg and Keppra 500mg** anti seizure medication. (SEE: EXHIBIT #1)

49. Upon information and belief Plaintiff believes that Doctor Cunard had also increased the doses of his anti seizure medication which was unwarranted medical abuse that resulted to Plaintiff suffering from a medically violent side effect suicidal behavior, headache, Stomach, back and side pains. (SEE: EXHIBIT #7, dated 7/6/21), #19, #20, #21, #24, #25, #26, #27, #28, #29, #30, #31, #33, #34 and 35)

50. Upon information and belief Plaintiff believes that Doctor Cunard received training in the medical field of medications and how they should be prescribed. That Doctor Cunard has knowledgeable training about drug interaction risk and danger they can cause to someone who has chronic medical conditions. That many seemingly harmless drugs can have dangerous interaction with certain medications.

51. Upon information and belief Plaintiff believes that Doctor Cunard's actions or inactions was dangerously and recklessly deliberate and indifferent to meeting Plaintiff's serious medical needs when he had increase the doses of Plaintiff's anti seizure medication without just cause.

52. Upon information and belief Plaintiff believes that Jeff Kasselmann, Medical Director (NDCS) recommend all necessary programs for the preservice, inservice and training staff of the department including training specifically designed to promote prompt and effective responses by all staff of the department to medical emergencies. (SEE: EXHIBIT #52, #53, #54, #55 & #56)

53. Upon information and belief Plaintiff believes that Mr. Kasselman as the medical director has access to inmates medical file/records, data information states Plaintiff's epilepsy disorder grand mal seizure type name of prescribed medication how medication shall be administered to Plaintiff. (**SEE: EXHIBIT #38&39**)

54. Upon information and belief Plaintiff believes that Mr. Kasselman at some point in time either became aware or informed by his medical staff about Plaintiff's violent episode suicidal attempt etc. That Mr. Kasselman was also aware about the unprescribed ininteraction toxicity **CarBAMazepine 400mg and Keepra 500mg** administered to Plaintiff by his prison medical staff.

55. Upon information and belief Plaintiff believes that Mr. Kasselman as a medical director experiences medical field knowledge knows the risk, danger of interaction drugs especially when a patient has chronic conditions seizure episodes such as plaintiff. That many seemingly harmless drugs can have dangerous interaction with certain medications creates toxic poisoning once consumed into the human digestive system. (**SEE: EXHIBIT #51**)

56. Upon information and belief Plaintiff believes that Mr. Kasselman knows about the toxicity interaction of drugs what the results are. That Plaintiff was being administered an interaction of **CarBAMazepine 400mg and Keepra 500mg** twice daily for several days by prison medical staff total amount of **1800mg a day**. And as a result of the drug toxicity interaction can have an impact effect causes neurogenic pain, psychotic behavior all above which Plaintiff has experiences.

57. Upon information and belief Plaintiff believes that Mr. Kasselman further knows about the risk and danger of drug toxicity interaction negative reactions decreases **CarBAM-azepine and Keepra metabolism resulting to other serious medically health issues, such as, liver, kidney and digestive system.**

All above which Plaintiff has experiences pain and suff-

ering at this time. (SEE: EXHIBITS #58 & 59)

58. Upon information and belief Plaintiff believes that unprescribed drug toxicity interaction should've cause for an medical emergency during discovery by prison medical director. That Mr. Kasselmann should've had Plaintiff sent outside of the institution to a facility for medical emergency assistant treatment for the toxicity drug interaction. By not doing so that Mr. Kasselmann was deliberate indifferent meeting Plaintiff's serious medical needs.

59. Upon information and belief Plaintiff believes that after his violent episode that he should've been examine by a neurologist or someone who specialized in the epileptic medical field who could've recommend treatment for plaintiff's unprescribed drug interactions.

60. Upon information and belief plaintiff believes that after his violent episode that Mr. Kasselmann should've took some extreme measurements by having Plaintiff examine by a neurologist that he failed to meed Plaintiff's serious medical needs when he failed to do so.

61. Upon information and belief Plaintiff believes that Scott Frakes (NDCS) Director is legally responsible for the overall operation of the department and each institution under its jurisdiction including the prison medical staff department (NDCS) contract medical staff.

62. Upon information and belief Plaintiff believes that Mr. Frakes (NDCS) Director that at some point in time that he was made aware about Plaintiff's violent episode either by his responding staff or by the inmate request that Plaintiff sent to him by inter-office mailing system.

63. Upon information and belief Plaintiff believes that Mr. FRakes was infomed about Plaintiff being medically abuse from the interaction unprescribed anti seizure medication adminstered to Plaintiff by prison medical staff resulted to Plaintiff's violent episode outrage at staff and inmates Plaintiff tried hanging himself.

64. Upon information and belief Plaintiff believes that in result of the toxicity interaction anti seizure drugs administered to him by prison medical staff that he was suffering from the **CarBAMAzepine and Keepra** anti seizure side effect from the drugs. That Mr. Frakeshad failed to investigate matters which Plaintiff believes required hospitalization. That had Mr.~~k~~Frakes responded reasonably and gotten Plaintiff to a outside hopital emergency room for treatment from the toxicity drug interaction would have avoided Plaintiff from pain suffering from further significant injuries.

65. On August 21, 2023 Plaintiff had been complaining to prisoners' medical department here at NSP about having some internally stomach defecation complicated problems.

66. Afterward medical examiners here at NSP diagnostics shows that Plaintiff exrays appear to show that Plaintiff have black spots on his stomach tracks. (SEE: EXHIBIT #16)

66. On September 26, 2023 NSP medical staff has determine by their examination that Plaintiff is suffering from chronic constipation prescribed for Plaintiff to take **Bisacodyl 5mg and Linzess 72mg**. (SEE: EXHIBIT, #50)

67. Upon information and belief Plaintiff believes that **Bisacodyl and Linzess** are medications workd directly on intestine by increase motor activity medications use for surgery preparation.

68.

68. On June 27, 2023 two (2) years after Plaintiff's violent episode which in result of the interaction of **CarBAMazepine and Keepra** unprescribe drugs administered to Plaintiff by prison medical staff is when the NSP medical department had decided to send Plaintiff to a outside medical facility for a diagnostic ultrasound of Plaintiff's kidney and liver which has yet to be reported to PLaintiff about those results.

69. Upon information and belief PLaintiff believes that the interaction of **CarBAMazepine 400mg and Keepra 500mg** that the interaction of both medication can become confuse after the breaking down in the liver digested into the body can result to **CNS Toxicity Lithum FAtal Reaction: NAOls Increase CarBAMazepine leves CYP3A and INcrease Keepra Levels** as well chances for someone to suffer from the medications side effects:**Aggression Sync Opal Episode Violent Behavioral Changes Suicidal Thoughts.**

70. Upon information and belief Plaintiff believes that he has an epilepsy chronic condition which allow Plaintiff to be hypersensitive to certain medications especially when it comes to drug interactions.

71. Upon information and belief Plaintiff believes that the interaction of **CarBAMazepine along with Keepra** that the continuations administered amount of milligrams that was digested into his system became toxic to Plaintiff's system internally resulted to Plaintiff to have mis-function complications of the liver, kidney stomach and gastrointestinal track. Also in result of PLaintiff suffering from the aboved anti seizure drugs side effects etc.

72. Upon information and belief Plaintiff believes that he has been award of the State Of Nebraska Penal System since the age of nineteen (19) who has a historical medical record/file at (NDCS) consist of his serious medical needs. Plaintiff is now at the age of forty two (42). However, PLaintiff believes that (NDCS)

has been in possession of his medical file for twenty three (23) years. That his medical records should state that Plaintiff is epileptic grand mal seizure type whose hypersensitive to other medications etc., who prescribed medication **CarBAMazepine 400mg** to be administered twice aday one (1) pill during morning and one (1) during evening time.

73. Upon information and belief Plaintiff believes that the more he investigate matters concern to his serious medical needs upon request to review his medical file. PLaintiff notice that documents are either missing from his medical file or either being fabricated such as times dates staff signature scratch out then replace with other staff signature which in references to the unprescribed drugs etc.

V. EXHAUSTION OF LEGAL REMEDIES

74. Plaintiff Antwon L. Williams use the prison grievance procedure available at (NDCS) to try resolved the problems on July 9, 2021 Plaintiff presented the relating to this complaint. Plaintiff appeal to the warden/Director or use tort claim procedure.

VI. LEGAL CLAIMS

75. Plaintiff reallege and incorporate by reference paragraph 1-73

76. Upon information and belief Plaintiff believes that from the very beginning upon his acception at (D&E) when he first met with Christine Scrvido, contract register nurse (NDCS) at the receptionist area that which up to the point when Plaintiff informed to Ms. Scrvido that he's epilepsy and prescribed medication **CarBAMazepine 400mg**. That Ms. Scrvido had a protocol duty to first review Plaintiff's medical record/history for the purpose to ensure to herself what Plaintiff said is correct then begin to administer Plaintiff his prescribed medication accordenly base from Plaintiff's medical file reports.

77. That she knew at the time that **Keepra 500mg** wasn't Plaintiff's prescribed medication. Her actions or inactions was a intentional risk,medically abusivness dangerously and was deliberate indifferent meeting Plaintiff serious medical needs.

Defendant Ms. Scrvido actions violated Plaintiff rights under the Eight Amendment to the United States Constitution,and is causing Plaintiff pain,suffering,physical injuries,psychological and emotional distress.

78. Nurse Antinuke Bamies when he'd administered **Keepra 500mg** unprescribed anti seizure medication to Plaintiff. He first had the opportunity to review Plaintiff's medical file then administer prescribed medication to Plaintiff base from his medical file/records. Mr.Bamies actions or inactions was intentional recklessness dangerously and deliberately indifferent meeting Plaintiff serious medical needs resulted to Plaintiff suffering from further significant injuries such as kidney,liver and chronic digestiveness etc. Defendant Bamies actions or inactions violated PLaintiff rights under the Eight Amendment to the United States Constitution,and cause Plaintiff pain,suffering,physical injuries, mentally,psychologically and emotional distress.

79. Nurse ~~mihe~~ **Abejo** when ~~he~~ administered the interaction unprescribed drugs to Plaintiff her actions or inactions was medically abusively,recklessness and dangerously who failed to meet Plaintiff's serious medical needs. Defendant **Abejo** actions violated Plaintiff rights under the Eight Amendment to the United States Constitution,and cause Plaintiff pain,suffering,physical injuries,psychological and emotional distress.

80. Nurse Edith Enike she had access to Plaintiff's medical file/records who had the opportunity to first review Plaintiff's medical file/records before administering Plaintiff an interaction of unprescribed anti seizure drugs. Ms. Enike actions or inactions resulted to Plaintiff suffering from further significant injuries in violation of Plaintiff rights under the Eight Amendment to the United States Constitution and cause Plaintiff pain,suffering,physical injuries,psychological and emotional distress.

81. Cheryl Flinn prison medical physician she was deliberate indifferent to meeting Plaintiff's serious medical needs. She should've known that **CarBAMazepine and Keepra** anti seizure drugs were medically abusive and had became toxic hazard to Plaintiff's internal organs and failed to provide Plaintiff treatment. Defendant Flinn actions or inactions violated Plaintiff rights under the United States Constitution and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

82. Physician Flinn her actions or inactions was intentionally dangerously and recklessness to meeting Plaintiff's serious medical needs when she waited one (1) month later to draw Plaintiff's blood for lab examination a month later after Plaintiff suffering from the interaction drug toxicity when she should've taken immediately action to Plaintiff's emergency matters provided Plaintiff medical treatment. Her actions or inactions resulted to Plaintiff suffering from liver, kidney and chronic constipation further significant injuries.

83. Defendant Flinn actions or inactions violated Plaintiff rights under the Eight Amendment to the United States Constitution, and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

84. Defendant ERin Dougherty physician assistant (NDCS) Her actions or inactions was deliberately indifferent to meeting Plaintiff serious medical needs which resulted to Plaintiff suffering from further significant injuries. Defendant Dougherty actions violated Plaintiff rights under the Eight Amendment to the United States Constitution, and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

85. Defendant Doctor Robert Cunard actions or inactions was deliberately indifferent to meeting Plaintiff serious medical needs which resulted to Plaintiff suffering from further significant injuries.

Defendant Cunard actions violated Plaintiff rights under the Eight Amendment to the United States Constitution, and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

86. Jeff Kasselmann Medical Director (NDCS) ACTIONS or inactions was deliberately indifferent to meeting Plaintiff serious medical needs. Kasselmann actions or inactions is in result of Plaintiff suffering from further significant injuries.

Defendant Kasselmann actions violated Plaintiff rights under the Eight Amendment to the United States Constitution, and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

87. Scott Frakes Director (NDCS) actions or inactions was deliberately indifferent to meeting Plaintiff serious medical needs. Defendant Frakes actions violated Plaintiff rights under the Eight Amendment to the United States Constitution, and cause Plaintiff pain, suffering, physical injuries, psychologically and emotional distress.

88. Since the medical abuse has ended Plaintiff hasn't has a violent episode. Plaintiff has diligently been seeking his medical records from the prison medical department who has the tendencies to either lose or misplace his medical records where they can't be found. This is a violation of Plaintiff's Eight Amendment rights to the United States Constitution. These illegal actions can prevent Plaintiff from providing future medical services with his complete medical history. Plaintiff would like for medical to provide adequate medical treatment for his serious medical conditions.
(SEE: EXHIBIT # 23)

89. Plaintiff has no plain,adequate or complete remedy at law to redress the wrong described herein. Plaintiff has been and will continue to be irreparable injured by the conduct of the defendants unless this court grants the declaratory and injunctive relief which Plaintiff seeks.

VII. PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully pray that this Court enter judgment:

Granting Antwon L. Williams a declaration that the acts and omissions described herein violate his rights under the Constitution and laws of the United States, and

Preliminary and permanent injunction ordering prison medical transparency about his serious medical needs and adequate medical treatment for his chronic conditions.

Granting Plaintiff Williams compensatory damages in the amount of **two million \$2,000,000** against each defendant, jointly and severally.

Punitive damage in the amount of **two million \$2,000,000** against each defendant.

A jury trial on all issues triable by jury Plaintiff's cost in this suit.

Any additional relief this Court deems just, proper, and equitable.

Respectfully submitted on this 7th day of November 2023



ANTWON L. WILLIAMS

#78187


P.O. Box 2500

LINCOLN, NE 68542-2500

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and, as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Respectfully Submitted on this day 7th day of November, 2023

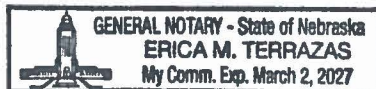

ANTWON L. WILLIAMS
#78187
P.O. BOX 2500
LINCOLN, NE 68542-2500

CERTIFICATE OF SERVICE

I declare (or Certify, verify, or State) under penalty of perjury that the foregoing is true and correct and that this complaint pursuant to **Neb. Rev. Stat. §29-818** was placed in the prison mailing system that the original application for going instrument has been mailed postage prepaid on this 7th day of November 2023 to the Clerk of the United States District Court 111 South 18th Street Omaha Nebraska 68183

Excuted under penalty of perjury on this 7 day
of November 2023


NOTARY PUBLIC



Exhibit

1

ASKA DEPARTMENT OF CORRECTIONAL SERVICES

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS DIAGNOSIS TREATMENT (sign each entry)

Giver 0.1 dose of Tuberculin PPD

intracutaneously, RIGHT forearm on

Test read 6-18-21

Positive/Negative

Lot # C5697AA

Exp. Date 08 APRIL 2022

Mfg. Sanofi Pasteur Limited

Intake paperwork completed Pt from
 Daniel he is a PV need to get his med's updated
 through Walgreens called they don't have
 anything on the system, Received order for
 Keppra 500mg 1 tab BID. V.D. Dr. Cunard / E. Sanchez
 reviewed let's do CS
 reviewed ATG Tegretol 400mg BID

Robert Cunard, M.D.

Robert Cunard, M.D.

PATIENT'S LAST NAME - FIRST NAME

Williams, Aatwon

IDENTIFICATION NO.

78187

Exhibit

#3

RASKA DEPARTMENT OF CORRECTIONAL SERVICES

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	LOCATION	SYMPTOMS	DIAGNOSIS	TREATMENT	(sign each entry)
6/18/21	1310	no medical concerns		Issues, continue on security hold;	ma Brune Re
6/18/21	08 2000	Patient in his room yelling and banging on the door, verbalized intention to harm self; on call mental health and MOD notified; order for plan A at LCC given; patient transferred to LCC at about 2125; awake alert and oriented; no medical concerns.			Bricker
6/19/21	1500	patient in DEC SNF room four, security confirms pt brought back from LCC and he is in SNF as security hold, pt ambulates to the door, responds to nursing greetings and denies medical needs, pt remains on security hold. Safety precautions in place, call light within reach.			Mongman
6/19/21	200	Patient Using a call light complains of backache and requests medical bed, Security informs the pt that a nurse will be notified and pt also informed to do hrt for chronic backache, problem, call light within reach.			Mongman
6/19/21	1900	patient observed lying down on a mattress at the right far corner of the room, pt appears to be sleeping, respiration equal and unlabored. No medical distress noted.			Mongman
6/19/21	2000	patient medication collected from LCC, hatch open, pt requested to come to the door for his meds, pt refuses, says "No" and continues to sleep, had 80% of his meals, no medical distress noted, remains on security hold.			Mongman

PATIENT'S LAST NAME - FIRST NAME -

Willard, Anton

IDENTIFICATION NO.

78187

Exhibit

5

ASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD			CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	LOCATION	SYMPTOMS	DIAGNOSIS	TREATMENT (sign each entry)
6/20/21	1315	Patient in room, has been quiet, laying down writing, verbalizes no medical issues or concerns, continues on security hold, call light in reach. ————— MBamire		
6/20/21	1500	patient awake and alert, standing by the door patient responds appropriately to this nurse states "I am feeling much better than yesterday" denies medical needs, remains on security hold status, call light within reach. ————— Mongpran		
6/20/21	2000	Patient ambulates to the door hatch open, patient accepts p.m. meds asks about his lisinopril pt. informed pharmacy had process it tomorrow denies medical complaints, on security hold status, call light within reach. ————— Mongpran		
6-20-21	2230:	Asleep & even unlabored respirations. Has mattress on floor to tuck over eyes. No CIO. Remains on security hold. Call light available. ————— Moga B.		
6-21-21	0500:	Has slept 5 CIO. Reps. self during shift. Call light in reach. ————— Moga B.		
6/21/21	0700	Patient seen in bed resting quietly, aroused when the door was approach for meals and medication. An medication passed through the hatch, he took it and accepted the meal tray, verbalizes no medical issues or concerns, remains on security hold call light in reach. ————— MBamire		
6/21/21	930	Pt seen, very excited & pushy speech, also getting 2 seizure meds. Keppra was given til Tegretol available. * D/c Keppra now that Tegretol is on board. * ↓ Tegretol PR to 400mg 7 AM. ————— Robert Cunard, M.D.		
PATIENT'S LAST NAME - FIRST NAME			IDENTIFICATION NO	
Williams, Antwon			78187 MB	

Exhibit

#9

slon.

VICES

DATE:

6-16-21

INMATE PATIENT QUESTIONNAIRE & HEALTH HISTORY

Name: Williams, Antwon

Inmate Number: 78187

Date of Birth: 3-5-81

Occupation:

Highest Level of Education:

DRUG ALLERGIES

Drug

Reaction

Hospitalizations: Please list any surgical procedure/hospitalization you have had. State the year and illness/operation.

Year

Illness/Operation

Year

Illness/Operation

none

Do you have any illness or symptoms at this time? (please list them)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name/Relationship:

Address:

Have you or are you currently under psychological care? ☒

City/State: Telephone

Have you ever been hospitalized for mental illness? ☒

Are you currently under Medical Treatment? If so, what is the name of your Physician?

Have you been a victim or perpetrator of sexual assault? ☒

If so, when and where:

Address:

Referred to Mental Health Yes: ☒ No: ☐

Phone #:

If yes list reason why:

LIST ALL MEDICATIONS YOU TAKE

Medical F/U Date:

Medication

Dose

Times/Day

THE LAST YEAR YOU HAD A:

Tetanus shot

TB Test

Dental Exam

Pneumonia shot

Stool Blood Test

Eye Exam

Flu vaccine

Hepatitis Vaccine

Rectal Exam

Cholesterol Test

(result)

PAST HEALTH & FAMILY HISTORY

Place a ☒ in any of the corresponding boxes for any personal or family history.

Artificial Joints or Pain in Joints

Self

Family

High Blood Pressure

Self

Family

Asthma

HIV/AIDS

Dental

Indigestion/Ulcer

Back Trouble

Irregular Heart Beats

Bleeding Disorders

Lung Disorder

Cancer

Nasal Obstruction

Chronic Cough

Nervousness

Coughing Blood

Night Sweats

Depression

Recent Weight Loss

Diabetes

Seizure Disorder

Diarrhea/Constipation

Skin Trouble

Ear Trouble

Sleeplessness

Eye Disease

Spitting Blood

Fainting/Dizzy Spells

Stroke

DO YOU NOW OR HAVE YOU EVER CONSUMED:

Cigarettes

Y/N

Pkg/day

#yrs

Alcohol

Y/N

Amt/day

Type:

Last use:

Street Drugs

Y/N

Frequency of Use:

Type:

Amount:

Mode of Use

Date/Time of last use:

History of problems after quitting:

R. Cunard MD
JUN 16 2021

NEBRASKA

Exhibit

#10

INITIAL MEDICAL SCREENING

NAME: Ms Antwon Douglas PV DATE: 6-16-21
 NUMBER: 78187 BIRTH DATE: 5-5-81
 VITALS: 79.5 R-18-P68 127/82 88% PREVIOUS NUMBERS: Yes
 MEDICATIONS: Walgreens 48th Lincoln ALLERGIES: NICOT

CURRENT ILLNESS AND HEALTH PROBLEMS:

402-476-6898

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ASTHMA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEART PROBLEMS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DIABETES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DENTAL PROBLEMS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	SYPHILIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	GONORRHEA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HERPES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEPATITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIDS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	TUBERCULOSIS

Yes No
 DRUG & ALCOHOL HISTORY
 type: _____ mode: _____ amount: _____
 frequency: _____ last date use: _____
 associated problems: _____
 (continued on back)

Yes No
 MENTAL PROBLEMS OR SUICIDE
 PREGNANCY

OBSERVATIONS:

NORMAL ABNORMAL

NORMAL	ABNORMAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONSCIOUSNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MENTAL STATUS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPEARANCE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONDUCT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EASE OF MOVEMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TREMOR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWEATING

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROSTHESIS OR BRACES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	TRAUMA MARKINGS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEFORMITIES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	BRUISES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	LESIONS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	JAUNDICE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	RASHES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	INFESTATIONS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEEDLE MARKS

R. Cunard MD
 JUN 15 2021

Yes

ACCESS TO HEALTH CARE SERVICES EXPLAINED AND GRIEVANCE SYSTEM EXPLAINED
 INFORMED THAT HIV (HUMAN IMMUNODEFICIENCY VIRUS) TEST WILL BE PERFORMED
 INFORMED THAT PPD SKIN TEST WILL BE PERFORMED

DISPOSITION OF OFFENDER:

OTHER COMMENTS:

GENERAL POPULATION
 IMMEDIATE EVALUATION/TREATMENT
 SCHEDULE FOR SICK CALL

Inmate Signature

Evaluator Signature

Exhibit

#12

30 | 31

CREATED DATE: 6/17/2021

FACILITY #

MONTH OF: June YEAR: 2021

DATE—
HOUR.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----

Office Date: A147027 Supers: Robert

054571 TAKE 1 tab BY MOUTH TWICE A DAY
(SEIZURES (NOT SELF ADMINISTERED))

Start Date
06/17/01

Storage: 03/18/21 Carbamazepine ER 400 MG Tab

Orig. Date A102492 HUNSBERGER, LARISSA PA
07/24/20 Take one (1) tablet by mouth daily

Start Date	07/27/20
------------	----------

Stop Date
07/22/21 Lisinopril 10 MG Tab
Same as: Prinivil
Last SAM Qty:

no current order

See new
in the

INITIALS	FULL SIGNATURE/TITLE
-----------------	-----------------------------

INITIALS	FULL SIGNATURE / TITLE
----------	------------------------

INITIALS	FULL SIGNATURE / TITLE
----------	------------------------

DATE	COMMENTS
10/1/78	10/1/78
10/2/78	10/2/78
10/3/78	10/3/78
10/4/78	10/4/78
10/5/78	10/5/78
10/6/78	10/6/78
10/7/78	10/7/78
10/8/78	10/8/78
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10/27/78	10/27/78
10/28/78	10/28/78
10/29/78	10/29/78
10/30/78	10/30/78
10/31/78	10/31/78

INITIAL

CE 100-100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-01-2001 BY 60322 UCBAW/STP

Documentation Codes: NI = Does Not Indicate, NS = No Show, RP = See page MAR, RE = Refused, S = Self, H = Home, O = Other

DOB: 05/05/1981

QA INITIALS: /

DATE: /

ALLERGIES: No Known Allergies

OFFENDER # 078487

FACILITY DIAGNOSTIC/EVALUATION UNIT HHS ROOM 115

Exhibit

#16

RASKA DEPARTMENT OF CORRECTIONAL SERVICES

CHRONOLOGICAL RECORD OF MEDICAL CARE

PTOMS DIAGNOSIS TREATMENT (sign each entry)

3/10/23 0925 s/c abdominal pain - VS 155/101, 91, 116, 98², 99%. BS hypoactive x4, abd tender to palpation. Per K. Fink, obtain abd xray. B Jones

3-10-23 Abdomen XR completed / Altembe

⑤ seen for acute on chronic abd pain.
 ⑥ Hum: Agox4. NAD. VS as above. BP elevated. Anxious

ABD - firm, mild TTP & rebound tenderness & guarding. Bowel sounds hypoactive x4.

⑦ ATP chronic constipation & acute flare. Xray shows & obstruction. Large amount of stool with sand MOM x3d and order Lincress. & refill Miralax at this time. Chronic care is this month all concerns & flu to be discussed & ccc.

Done < ⑧ MOM using PO Daily x3d - given from stool.

In MG < ⑨ Lincress 72mg PO daily x 90d. If patient tolerates may & to next dose if he would like.

⑩ Question if patient needs GI consult / colonoscopy re constipation.

Do not see discussion of this in records.

Discuss possible need at CCC if medically indicated by provider.

3.17.23 Chronic Care Appointment updated

Plenum's visit 3/10/23 1105 P. Altembe

3/10/23 1131 Altembe

PATIENT'S LAST NAME - FIRST NAME -

Williams, Antonio

IDENTIFICATION NO

78/87

Exhibit

18

Nebraska Inmate Case Management System (NICaMS)

INFORMATION CONTAINED IN THIS DATABASE IS CONFIDENTIAL PER NEB. REV. STAT. 83-178 AND SHALL NOT BE DISCLOSED TO ANYONE ELSE, INCLUDING ANY PERSON COMMITTED TO THE DEPARTMENT OF CORRECTIONAL SERVICES, EXCEPT AS AUTHORIZED BY LAW.

Search Menu

- * PIMS Dashboard
- * Sentence Dashboard
- Adult Placement Worksheet (OLD)
- CIPS
- Job Position
- Lookup
- Perf Eval List
- Perf Eval Review
- Work Assignment
- Work Assignment Inquiry
- Work Roster
- Case Plan
- Classification
- Count Sheet
- Inmate Classification
- Inmate Classification - OLD
- Inmate Contact Notes
- Inmate Data
- Inmate Mugshot
- Misconduct Report

Inmate ID: 78187

Go

Active ☒

Last:

Search

▶ Name: **WILLIAMS, ANTWON**

Rcvd Dt: 06/07/2013

TRD: 02/03/2024

RecCtr: NSP

Loc: 6B 002L

Violation Report :

DISCIPLINARY MISCONDUCT REPORT

Report Filed Date: 06/17/2021

Time : 13:31

Facility : DEC

Report was Written on Date : 06/17/2021

Report Written Time : 13:30

Employee Who Filed Report : MLehmku

Reporting Employee (appears on report) : Corporal Sabokrooh

MR Number : CSWD

Date of Discovery : 06/17/2021

Discovery Time : 08:50

Explain Violation Fully : (who, what, when, where, how, why and your actions)

Corporal Sabokrooh was assigned to five floor at The Diagnostic and Evaluation Center for the duration of first shift on June 17, 2021. At approximately 0850 hours inmate Williams, Antwon #78187 told me when I opened the door that his father died a couple weeks ago and that he has to speak to someone or he will hurt an inmate or a staff member. I then told him I will try and get someone to come talk to him and shut the door. Inmate Williams #78187 at approximately 0905 hours started banging on his door very loudly and it sounded as if he was throwing his chair at the door, I went up there to tell him that mental health was going to come talk to him, but he refused and told me not to open the door or he will hurt me and any Inmate he sees once that door opens. I asked inmate Williams #78187 why he was being aggressive towards me when I was trying to help him, he replied back with he didn't know and that he would hurt any staff he sees if he doesn't get taken upstairs. EOR

Area : HU5

Place of Occurrence : DEC

Evidence Collected : ☐

Where Evidence Held :

Evidence Held By :

Logging :

LOGGING

(Last Updated by : CHank Last Updated on : 06/17/2021 02:33 PM)

Logging Date : 06/17/2021 02:33 PM

Assigned To : CHank

Comments :

Charge(s) :

CHARGES

Nebraska Inmate Case Management System (NICaMS)

INFORMATION CONTAINED IN THIS DATABASE IS CONFIDENTIAL PER NEB. REV. STAT. 83-178 AND SHALL NOT BE DISCLOSED TO ANYONE ELSE, INCLUDING ANY PERSON COMMITTED TO THE DEPARTMENT OF CORRECTIONAL SERVICES, EXCEPT AS AUTHORIZED BY LAW.

Non-Clinical
Program Tracking

Public
Information

Reentry Contact
Notes

Search

CT	Charge	DISM?	Rest Type	Start Date	End Date	LGT Amt	LGT NR?	Action
1	2H USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	No	OTHER			30 Days		30 Days Loss of Good Time
2	3A FLARE OF TEMPER/MINOR PHYSICAL CONTACT	Yes						
3	3K DISRUPTION	Yes						

Investigation Reports :

HEARING BEFORE INVESTIGATING OFFICER

(Last Updated by : ANOVAK001 Last Updated on : 06/18/2021 07:44 PM)

Date of Hearing before Investigating Officer : 06/18/2021

and Time : 19:16

of Hrs. between Infraction or Discovery & Filing : 4.68 Hrs

Inmate Present : YES

of Hrs. between Filing and Logging : 1.03 Hrs

Comment (for Inmate Present) :

During the misconduct report reading, Williams #78187 began crying and making comments about self harm. He then refused to complete the PHO reading.

For the purposes of my Disciplinary Committee hearing on this Misconduct Report :

IDC Representative Requested : NO

Who :

IDC Witness Requested : NO

Who :

IDC Employee Requested : NO

IDC 24 Hr Notice of Charges :

24 Hr Notice of Hearing :

Appearance Before the Committee :

Dismissal Recommended : NO

Investigation Continued :

Date of Investigation Continued :

and Time :

Comments and Finding of Facts :

How is it a threat when I told them not to open the door. I didn't say any of that. I'm having mental problems and just wanted to go upstairs.

Recommended Dt. of Disc. Committee Hrg. : 06/25/2021

and Time : After 0800

Dt. of Completed Report Delivered to Inmate : 06/18/2021

and Time : 20:00

Ask inmate (if applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?

Exhibit

19

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
INFORMAL GRIEVANCE RESOLUTION FORM
UNIT STAFFAntun L # 78187
Last Name, First, Middle Initial NumberDEC unit 3-E
Facility/Housing Unit

PART A: Inmate Request/Concern.

On 6/17/21 to 6/21/21 I inmate Antun L Williams #78187 was house at the NOCS/D&E when SNF medical staff adjusted my medication and over dosing me. I'm a chronic care "Epilepsy" patient, and your SNF staff gave me two 400mg Carbamazepin & two 500mc Lisperthol pills at the same time twice a day.

7/7/21
Date

Signature

PART B: Response and Reason(s) for Decision Reached.

Medical staff report that you arrived at DEC without any medications and a substitute medication was used until your usual med was delivered. Medical reports there was a couple days of overlap of both medications, but no adverse reactions were noted and there was no effect on your psychotic reaction. Staff further state that you were placed on suicide watch due to the difficulty of dealing with emotions related to your current situation. Lastly medical reports that if you are having severe pain in your side you need to submit an IIR to be seen on sick call.

7/9/2021
Date

Signature

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO: Williams Antun #78187 3-E 2021
Last Name, First, Middle Initial Number Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Medical

7/8/2021
Date

Signature of Unit Staff Receiving Complaint

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
INFORMAL GRIEVANCE RESOLUTION FORM
UNIT STAFF

FROM:

Williams Antwan L
 Last Name, First, Middle Initial

78187
 Number

DEC Unit 3-E
 Facility/Housing Unit

PART A: Inmate Request/Concern.

which total 1800mg. my ~~normal~~ normal dose is one 400mg Carbamazepin twice a day. Your staff not only admitted to doing this on request form but on the phone "recorded" with Onbuck man. Do to the over dosing I had a back mental out brake & try to hang myself.

Date

7/7/21

Signature

[Signature]

PART B: Response and Reason(s) for Decision Reached.

see pg one

Date

7/9/2021

Signature

[Signature]

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO:

Williams Antwan
 Last Name, First, Middle Initial

78187
 Number

3E
 Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Medication

Date

7/8/2021

Signature of Unit Staff Receiving Complaint

[Signature]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
 INFORMAL GRIEVANCE RESOLUTION FORM
 UNIT STAFF

FROM:

Williams Anthony

Last Name, First, Middle Initial

78187

Number

DEC Unit 3-E

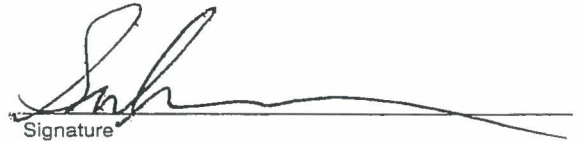
Facility/Housing Unit

PART A: Inmate Request/Concern.

This careless act by SNF staff could -
 cost me my life & now my lower right
 side is in great pain & I would like
 to know why?

7/7/20

Date

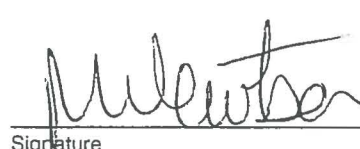


Signature

PART B: Response and Reason(s) for Decision Reached.

7/9/20

Date

See PG one


Signature

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO:

Williams Anthony

Last Name, First, Middle Initial

78187

Number

3-E

Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Medical

7/8/20

Date



Signature of Unit Staff Receiving Complaint

SKA DEPARTMENT OF CORRECTIONAL SERVICES

Exhibit

GRIEVANCE FORM

Step One

CHIEF EXECUTIVE OFFICER

INSTRUCTIONS:
TYPE OR USE BALL POINT
PEN. IF MORE SPACE IS
NEEDED, USE ATTACHMENT
SHEET IN TRIPLICATE.

From:

Will. L. Williams L
LAST NAME, FIRST, MIDDLE INITIAL

78187

NO.

FACILITY/HOUSING UNIT

Part A - INMATE REQUEST/CONCERN:

Am 7-9-21 I received a response from the informal grievance that I wrote on 7-7-21 about the medical abuse by your DSE (SNF medical staff). The responder is clearly admitting that the staff (SNF medical) had and did over dose me (Antwan L. Williams # 78187) by mixing (medical reports there was a couple days of overlap of both medication). "See Informal Grievance Attach" Mr. Newton is down playing SNF staff as a mistake, but this mistake could of cost me my life. We know by mixing two - (Epilepsy) medication is dangerous and at a high dose, a (Epilepsy patient) is a chronic care patient and should be handle with (Caution) which your staff didn't. This is a clear sign of mile fractious also they state that I did not report my pain when I did, my Ombudsman has the 11n with the response, so I did I tell them about the pain in my side (Right) head ach also I try to commit suicide

7/12/21
DATE

Antwan Williams
SIGNATURE OF REQUESTOR

Part B - RESPONSE AND REASONS FOR DECISION REACHED

I concur with the response to the informal grievance, #5209. In addition, medical reports you are scheduled for sick call. Please be patient for sick call.

7/22/2021
DATE

Cathy Shear
CHIEF EXECUTIVE OFFICER

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
GRIEVANCE FORM

Step One
CHIEF EXECUTIVE OFFICER

INSTRUCTIONS:
 TYPE OR USE BALL POINT
 PEN. IF MORE SPACE IS
 NEEDED, USE ATTACHMENT
 SHEET IN TRIPLICATE.

From:

Williams Anthony L
 LAST NAME, FIRST, MIDDLE INITIAL

78187
 NO.

DEC/unit 3-Lot
 FACILITY/HOUSING UNIT

Part A – INMATE REQUEST/CONCERN:

which is not normal (See IIR from Mental Health). Your staff
 is responsible for my health life and they fell on both parts
 as a inmate at the (NDCS) they're (Responsible) to investigate
 those matters but fell to do so and legal matters should
 be taken. I Still To This Day Medical Have n't
 seen me about my the pain in my Right side
 or Head!!!

7/12/21
 DATE

Anthony Williams
 SIGNATURE OF REQUESTOR

Part B – RESPONSE AND REASONS FOR DECISION REACHED

 DATE

 CHIEF EXECUTIVE OFFICER

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM

Step Two

CENTRAL OFFICE APPEAL

1 of 3

INSTRUCTIONS:
TYPE OR USE BALL POINT
PEN. IF MORE SPACE IS
NEEDED, USE ATTACHMENT
SHEET IN TRIPLICATE.

Exhibit

#21

From: Williams, Antwon L #78187 NSP-8A-272

LAST NAME,

FIRST,

MIDDLE INITIAL

NO./GROUP

INSTITUTION

*Part A - REASON FOR APPEAL:

In 7/13/21, I Antwon L. Williams #78187 is written this (Step Two Grievance), because your insituation (DOC) staff failed to response too my (Step Grievance #2021-5209, which had attach a Informal Grievance with a response). The Department of Correctional Rule & Regulation gives your staff (10 days) to response to any Grievance, if the (10 days) is not met, then I can advance to the (next Grievance). These Grievance was concern of how the (Diagnosis and - Evaluation Center SNF medical staff over dose or in there - words Overlaps, which means the same, me with Two - deadly Epilepsy medication) (Lisperthal or Liperthal 500mg & Carbenazepine 400mg twice a day" Total = 1,800mg

7/30/21
DATE

Antwon L. Williams
SIGNATURE

*THE COMPLETED INST TUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

Part B - RESPONSE AND REASONS FOR DECISION REACHED

8.6.21
DATE

W. L. Williams
DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE/STUDENT AFTER COMPLETION.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM

Step Two

CENTRAL OFFICE APPEAL

INSTRUCTIONS:
TYPE OR USE BALL POINT
PEN. IF MORE SPACE IS
NEEDED, USE ATTACHMENT
SHEET IN TRIPLICATE.

From:

Williams Anthony
LAST NAME, FIRST, MIDDLE INITIAL

78187
NO./GROUP

NSP-8A-27-L
INSTITUTION

*Part A - REASON FOR APPEAL:

which my normal medication & dose is (Carbenmazipine 400mg twice a day "Total=800mg"). As a result to the over medicated, I am having problems with my (Right lower back side "Liver or kidney", problems with "Urinating", and really bad headache, also a mental out break which led me to attempting suicide "Hanging myself". The department of correctional staff (DOC), put my life in great danger & till this day I am still suffering. I have documents also while on the phone with secretary (Nebraska -

7/30/21
DATE

Anthony Williams
SIGNATURE

*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

Part B - RESPONSE AND REASONS FOR DECISION REACHED

DATE

DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE/STUDENT AFTER COMPLETION.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM

Step Two

CENTRAL OFFICE APPEAL

INSTRUCTIONS:
TYPE OR USE BALL POINT
PEN. IF MORE SPACE IS
NEEDED, USE ATTACHMENT
SHEET IN TRIPLICATE.

From: Williams Antwon L #78187 USP-8A-27-L

LAST NAME, FIRST, MIDDLE INITIAL NO./GROUP INSTITUTION

*Part A - REASON FOR APPEAL:

Ombudsman (Office) ~~was~~ recorded. She heard the
apologies of you (DOC) SNF medical staff on
6-21-21 or 6-22-21. The miscreants of this medical
staff cause me a great deal of physical (Liver/Kidney
& Headach), also mental (suicidal attempt & mental
out break). This of never happen under the (DOC)
watch, which the Nebraska Court of Law states
that my safety & protects is there responsibility
while incarcerated like they where order & fail, so
civil-lawsuit matters should be taken.

7/30/21
DATE

Antwon L Williams
SIGNATURE

*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S
RESPONSE, MUST ACCOMPANY THIS APPEAL.

Part E - RESPONSE AND REASONS FOR DECISION REACHED

DATE

DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE/STUDENT AFTER COMPLETION.

Williams, Antwon #78187
NSP

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

68-027L

GRIEVANCE FORM

Step Two

Central Office Appeal

RESPONSE AND REASONS FOR DECISION REACHED

Inmate Name: Williams, Antwon
Inmate Number #78187
Date Received: 8-5-2021
Grievance Number: 2021-5209
Subject: medication

I support the response to the Step One grievance. Further, DEC Medical states that you arrived with no medications, so a substitute medication was used until your usual medication was received. Although there may have been a couple days of overlap no bad reactions were noted. Documentation of your suicidal ideation incident indicates you reported to staff you were feeling suicidal regarding family matters and your current incarcerated status. Not medication concerns.

A grievance is considered submitted when it is received/receipted by staff. Step One grievance #2021-5209 was receipted July 14, 2021. This grievance response was due by July 28, 2021; however it was answered/signed on July 22, 2021; within established timeframes.

7.6.21
DATE

Antwon Williams
DIRECTOR'S DESIGNEE

nf
M

NEBRASKA

Good Life. Great Service.

DEPT. OF ADMINISTRATIVE SERVICES

January 20, 2023

Antwon Williams #78187

P.O. Box 22500

Lincoln, NE 68542

RE: Tort Claim 2022-21446

Dear Antwon Williams

Please be advised that Claim Number 2022-21446 has been denied by the State Claims Board. The basis for the denial was that there is no evidence of staff negligence, misconduct, or error on this claim.

If you are dissatisfied with the decision of the State Claims Board, you may file a lawsuit with the District Court of the county in which the act or omission complained of occurred or, if the act or omission occurred outside the boundaries of the State of Nebraska, in the District Court for Lancaster County.

If you have any questions, please send a written correspondence, referencing your claim number, to the address listed below.

Sincerely

Allen D. Simpson

Allen D. Simpson, Risk Manager
Administrative Services – Risk Management

c: Proebé Gydesen, Assistant Attorney General

ajb

Allen D. Simpson, Risk Manager

Department of Administrative Services | STATE CLAIMS BOARD

PO Box 94974
Lincoln, NE 68509-4974
das.nebraska.gov

1526 K Street, Ste. 180
Lincoln, NE 68508

OFFICE 402-471-2551
FAX 402-471-2800

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

LT. / Sgt Dims DATE: _____
 FROM: Antwon Williams NSP 6B-2-L
NAME / NUMBER FACILITY LOCATION
 78157

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: I need you to please verify that the Nebraska State Penitentiary medical staff are refusing to verify my Inmate Interview Request Form that medical charts/records are missing from my files

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

Signature

REPLY: I have verified with medical that the files have been confirmed. If you believe something is missing, please write to medical records requesting that specific document.

10/12/2023

Date

Lt. Dims

Signature

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: [REDACTED] DATE: 6-10-21
 FROM: Orlando Williams 70157 DCC 3NF + 4
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

REPLY: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6-10-21 ve
Date Signature

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: 1. Federal DATE: 6-21-24
 FROM: Antwan V. White 78137 DC SNF
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Hi, I would like

to know what is going on

in my court saying it

is not for me to take

any different kind of

case in court and it

is 500 mg at that time

I need support to take 400

mg daily

Signature

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: Write back on Carban-2014

400g once a day

Signature

6-21-24

Signature

Date

Signature

Exhibit

#26

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: 11114 DATE: 6-24-27
 FROM: Armand Williams DEL Unit 4-15
NAME / NUMBER FACILITY LOCATION
78187

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: I would like to be on

for hair magazine 400 mg twice
a day. who is doing
this is me playing with
my neck.

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

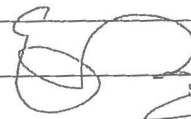
Signature

REPLY: We can increase to twice

per day.

06/25/21

Date



Signature

Exhibit

#27

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical Doctor DATE: 6/24/21
 FROM: Arthur Williams 78187 DEC Unit 6-1/5
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: I need help to
know who is reading my
medical chart because I
am supposed to take lorazepam
40mg twice a day. Your
staff went from over
dosing me to under dosing
me, also no one can
change my medication in
take until I see a
doctor which I haven't
so please get it right before
you kill me. This is day 11
of my right meds.

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: _____

See 6th IIR
Response dated 6/28/21

6/28/21
 Date

Cheryl Finna PA-C
 Signature

Exhibit

#28

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Warden DATE: 6/25/21
FROM: Antone Galt DEC Unit 4-Cd 13
NAME / NUMBER # 78187 FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Hello, I would like to
know why haven't your
Medical staff been refusing
to give me my right med
for 6/21/21, 6/22/21, 6/23/21
and 6/25/21. I am Epilady
and in order to take 2 hours
give me morning and one right
DEC staff J. Fleischman can verify
this

Signature

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: See other IIR
Response dated 6/28/21

Date

Signature

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 6-27-21
FROM: Antwon Williams DEC Unit 4 Cat B
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Hello, I've been a chronic care "Epilepsy" patient for 40 years and I NEVER SEEN a day where I can or a NURSE can administer the in-take of my medication without "First" me being seen by a "Doctor". I HAVE a INMATE INTERVIEW REQUEST for an answer and sign by your staff "NURSE or Doctor" that my CARBAMAZAPINE 400mg (TWICE) a day, which I've been taken like this for 9 to 10 years and has BEEN working ok, was change to (ONCE) a day without a blood level being check or me seeing a Doctor? got on 6/21/21 to 6/24/21 I did not receive my second dose of medication "Why?"

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response

REPLY: _____

The Med was straightened out

Date

Signature

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 6-27-21
 FROM: Antwon Williams DEC unit 4-cots
NAME / NUMBER #78187 FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: BECAUSE this wasn't suppose
to happen, also I had to write a
request form in order to receive
my night dose without seeing
a doctor "wow" just that easy.
All my request forms has been
copy and sent to the ombudsman
and family lawyer "James Martin
Davis" out of Omaha, NE. EVEN THE
ONES you tell to response back
to like me getting copies and
viewing my medical files that
I wrote on 6/21/21. I would
please like to know why and
how this happen

Antwon Williams
 Signature

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: _____

Straightened out

7/6/24
 Date

Cheryl Wilson PA-C
 Signature

Exhibit

#30

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 6-27-21
 FROM: Antonia [Signature] DEC Unit 4-15
NAME / NUMBER 75137 FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: and like toknow how tomedical go from goingfrom going more time affectedgo of being medicationthat total to 1800mgCarbamazepine 400mg twice dailyLevetiracetam 500mg twice dailyand the other medication is to bemore or less every dayORIGINAL - DCS Employee is where the Signature
 YELLOW - Inmate
 Both copies need to be submitted for response. coming at

REPLY: _____

Script is for 400mgtwice daily -> shouldbe straightened out by [Signature]6/28/21 Cheryl Finn PA-C
Date Signature

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 1-9-21FROM: William Williams 73187 NSP CR-27-L
NAME / NUMBER FACILITY LOCATIONWORK LOCATION: Unit 1016 UNIT STAFF: _____MESSAGE: They I was supposed to go
and have surgery on my stomach
for some problem. Can you please
is sure

NSP RECEIVED

AUG 10 2021

Signature

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: Discuss at chronic
care

Date

Signature

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 7-8-21¹⁴
 FROM: Antwan Williams # 78037 SEC Unit 3 Cot E
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Hello, I've been at SEC since
6-16-21 and I haven't been
seen for any blood work on
all of the other things that
you need to call me up then
for, also I've been written IIR's
about my side (pain) and head
(pain) since when SNF staff
start to over feeding me. Thanks
Antwan

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: Scheduled for lab.

Scheduled for sick call
on 7/16/21 AS SHD-
in IIR response from 7/13/21

Date

Signature



Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Medical DATE: 7-16-23
 FROM: Antwon Williams NSP 6B-2-L
NAME / NUMBER 78187 FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Hello, I am written you once
again requesting to see an outside
Doctor about my lower back pain
that I been complaining about
since the year 2021. This is
not a muscle spasming, I
think! better yet know, it's
my kidney. All these other
medications that you been
giving me is not working.
Please help me.

NOT RECEIVED

JUL 17 2023

ORIGINAL - DCS Employee
 YELLOW - Inmate

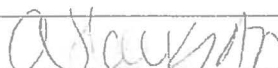
Both copies need to be submitted for response.

Signature

REPLY: Sick call scheduled.

7-17-23

Date



Signature

Exhibit
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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Jeff Kasselman Med Director DATE: 7-16-23
FROM: Antwan Williams NSP 6B-2-L
NAME / NUMBER 78187 FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Why is your medical staff keep
over looking that it may be
something wrong with my kidney?
I have been complaining about my
lower back pain since 2021, I've
been requesting to see a outside
doctor but they been ignoring
my cries. Please help me

NSP RECEIVED

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response

Signature

JUL 17 2023

REPLY: You have s/c scheduled
soon

7/17/23
Date

Bret
Signature

Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Dr. Johnson / Medical DATE: 8-10-23
 FROM: Antwon Williams NSP 6B-2-L
NAME / NUMBER #78187 FACILITY LOCATION

WORK LOCATION: Unit Porter UNIT STAFF: _____

MESSAGE: Hello, I am written you with de-
 ep concern about why whorit I
 place on medical sick call list to
 discuss about something being
 wrong with my Liver. "C-Reactive
 Protein #3.0" and "Lipase #11", also
 "Ketone / Urine # Trace". * means
 outside of normal range.

Date Lab was taken 7-28-23
 Date Result was back 8-2-23

If I didn't come to review my
 medical chart on 8-4-23 no one
 was going to tell me or talk to
 me about my results. I had to

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

AUG 11 2023
Signature

REPLY: You were scheduled
to see provider 8/10/23

Date

Signature

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Dr. Johnson / Medical DATE: 8-10-23
 FROM: Antwon Williams NSP 6B-2L
NAME / NUMBER 78181 FACILITY LOCATION

WORK LOCATION: Unit Porter UNIT STAFF: _____

MESSAGE: request to be seen.

It's been over 2 years "since
 2021" after I was given that
 medication (heparin 500mg with
 my original medication) Carbam
 azepine 400mg I've been com
 plaining about kidney and
 Liver. Now that you see
 there is something wrong.
 Can I please be seen by
 a outside doctor like I been
 requesting for sometime now
 because I am still in pain

NSP RECEIVED

AUG 11 2023

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

Signature

REPLY: _____

So far

8/10/23

Date

Signature

(S1)

Exhibit

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T OF CORRECTIONAL SERVICES
NAIRE & HEALTH HISTORY

Number: 78187 Date of Birth: 5-5-81

Highest Level of Education:

DATE:

6/7/13

Name:

Occupation:

DRUG ALLERGIES

Drug Reaction

Cefazolin
Vibrio

Hospitalizations: Please list any surgical procedure/hospitalization you have had. State the year and illness/operation.

Year Illness/Operation Year Illness/Operation

Do you have any illness or symptoms at this time? (please list them)

Epilepsy

Are you currently under Medical Treatment? If so, what is the name of your Physician?

Address:

Phone #:

Have you or are you currently under psychological care? No

Have you ever been hospitalized for mental illness? No

If so, when and where:

LIST ALL MEDICATIONS YOU TAKE

Medication Dose Times/Day

Tegathol 400 2 Times Day

THE LAST YEAR YOU HAD A:

Tetanus shot	TB Test	Dental Exam
Pneumonia Shot	Stool Blood Test	Eye Exam
Flu vaccine	Hepatitis Vaccine	Rectal Exam
Cholesterol Test	(result)	Had Negative

PAST HEALTH & FAMILY HISTORY

Place a ✓ in any of the corresponding boxes for any personal or family history.

	Self	Family		Self	Family
Artificial Joints or Pain in Joints			High Blood Pressure		
Asthma			HIV/AIDS		
Dental			Indigestion/Ulcer		
Back Trouble			Irregular Heart Beats		
Bleeding Disorders			Lung Disorder		
Cancer			Nasal Obstruction		
Chronic Cough			Nervousness		
Coughing Blood			Night Sweats		
Depression			Recent Weight Loss		
Diabetes		✓	Seizure Disorder		✓
Diarrhea/Constipation			Skin Trouble		
Ear Trouble			Sleeplessness		
Eye Disease			Spitting Blood		
Fainting/Dizzy Spells			Stroke		
Frequent Colds			Swelling Feet		
Hay Fever			Suicidal Thoughts		
Headaches			Thyroid Disturbance		
Hearing Disorder			Tired		
Heart Attack			Tuberculosis		
Hepatitis			Urinary Problems		
Herpes			Venereal Diseases		
High Cholesterol			Weakness		

DO YOU NOW OR HAVE YOU EVER CONSUMED:

Cigarettes Y/N Pkg/day #yrs

Alcohol Y/N Amt/day

Type:

Last use:

Street Drugs Y/N

Frequency of Use:

Type: All

Amount: Pass out

Mode of Use

Date/Time of last use:

History of problems after quitting:

FOR WOMEN ONLY

Date of last menstrual period:

Are you using Birth Control? Y/N Type:

Year of Pap Test Abnormal / Normal

Last: Breast Exam Abnormal / Normal

Mammogram Abnormal / Normal

Total Pregnancies:

Births:

of: Miscarriages:

Abortions:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name/Relationship: Dawn Williams

Address: 5015 Whitmore

City/State: Omaha, NE Telephone 402-213-0166

I certify that the information is complete and true to the best of my knowledge.

Inmate Signature

Nursing Signature

NDCS

78187
2013 Inmate Number

CF

Title

Date

RM

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9-B

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
INTAKE MEDICAL SCREENING**

DATE/TIME: 6/7/13 1410		SS# 478-02-2311	
Name: Williams, Antwan		Inmate #: 78187	
Date of Birth: 5-5-81	County of Commitment: Douglas	Previous Inmate #: 64364 57370 52986	
Allergies: NKDA	Vital Signs	T: 97.6	P: 71
		R:	BP: 117/79

Current Health Problems: seizures - eyes very dry using eye gels

Review Patient Questionnaire & Health History ~ Address any Concerns: denies

MENTAL HEALTH SCREENING

Consciousness	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Disoriented	Psychological:	<input type="checkbox"/> depressed affect	WNL
Appearance	<input checked="" type="checkbox"/> Well-groomed	<input type="checkbox"/> Un-kept	<input type="checkbox"/> flat affect	<input type="checkbox"/> violent	<input type="checkbox"/> paranoid
ROM/Movement	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> ABN	<input type="checkbox"/> hallucinating	<input type="checkbox"/> flight of ideas	
Tremors/Sweating	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> delusional	<input type="checkbox"/> threatening suicide/self harm	
Mental Status	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> ABN		Referred for immediate evaluation	
<input type="checkbox"/> emotional	<input type="checkbox"/> calm	<input type="checkbox"/> angry	<input type="checkbox"/> tearful	Mental Health Referral	
<input type="checkbox"/> cooperative	<input type="checkbox"/> hyper	<input type="checkbox"/> anxious	<input type="checkbox"/> fearful	General Population	

MEDICAL SCREENING

Observations	Check any that apply	Intake Information Explanations
Bruises	<input checked="" type="checkbox"/>	HIV / Hepatitis Testing
Lesions	<input checked="" type="checkbox"/>	Venereal Disease Testing
Rashes	<input checked="" type="checkbox"/>	Chlamydia < 35 yrs old
Scars	<input checked="" type="checkbox"/>	PPD Test 2-step
Jaundice	<input checked="" type="checkbox"/>	Access to Care/Grievance Process
Deformities	<input checked="" type="checkbox"/>	Additional H&P Labs
Prosthetic/Brace	<input type="checkbox"/>	Medical Disposition of Offender
Needle Marks	<input type="checkbox"/>	Referred for immediate evaluation
Recent Tattoos	<input type="checkbox"/>	Schedule for Sick Call
Infestations	<input checked="" type="checkbox"/>	General Population

Inmate Signature: <i>Antwan Williams</i>	Inmate Number: 78187	Date: 6/7/13
Evaluator Signature: <i>A. Harker</i>		Date: 6/7/13

NAME: Williams, Antwon
NDCS #: 78187
DOB: 5/5/81
SEX: Male
RACE: African American
DATE OF EXAM: June 19, 2013
EXAM FACILITY: DEC

Exhibit

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HISTORY

CURRENT MEDICAL HISTORY:

Patient has a history of grand mal seizures since childhood. He states he is currently well controlled with Tegretol. He also states he has some ocular discomfort with occasional blurred vision. He states he has tried antihistamines and anti-inflammatories with no resolve. He is scheduled to see the eye doctor for assessment.

PAST MEDICAL HISTORY:

No past medical history. Immunizations are up-to-date.

REVIEW OF SYSTEMS:

Patient denies any history of cardiovascular, pulmonary, or renal problems, hepatitis, HIV, cancer, or diabetes.

FAMILY HISTORY:

FATHER: 57 with diabetes and hepatitis C

MOTHER: Deceased at age 54 from what he believes is a lung problem

SIBLINGS: No

SURGERIES AND HOSPITALIZATIONS:

Left pneumothorax in 2012 at Creighton Nebraska he continues to have some breathing problems intermittently.

CURRENT MEDICATIONS:

Tegretol and lubricating eyedrops

ALLERGIES:

None

SOCIAL HISTORY:

Marital Status: Single; Children: 3; Education: GED; Occupation: Labor; Military history: None;
VA eligibility: None; Physical Limitations: None; Tobacco Use: 14 years at one pack per day;

DRUG AND ALCOHOL HISTORY:

Patient has a history of marijuana, cocaine, and alcohol. He completed SAU and 2009 and RTC in 2011

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History and Physical

Page 2

NAME: Williams, Antwon #78187

MEASUREMENTS AND OTHER FINDINGS:

Height: 6'2 Weight: 209 Hair: Black Eyes: Brown Pulse: 67 B/P: 125/77

PHYSICAL EXAM: This is a well-developed well-nourished black male who appears his stated age of 32

CLINICAL EVALUATION:

Head, Face, Neck, and Scalp: Clear of any rashes, swollen lymph nodes, or other visual abnormalities.
Nose, Sinuses, Mouth and Throat: Pink turbinate's bilaterally, no evidence of polyps, Throat is non-erythematous and no evidence of exudate.

Ears - General: Clear tympanic membranes bilaterally without evidence of erythema or swelling.

Eyes and Pupils: Pupils are reactive to light and negative for nystagmus.

Chest (includes Heart and Vascular System: Heart regular rate and rhythm, no heaves, lifts or thrills noted. Lungs clear to auscultation

Abdomen and Viscera: Abdomen is soft and non-tender to palpation, active and present bowel sounds in all 4 quadrants.

Anus and Rectum: Rectal is deferred

Upper Extremities: Good strength bilaterally in the left and right arm no visual abnormalities noted

Lower Extremities (including feet): Deep tendon reflexes are intact bilaterally feet are clear of rashes bilaterally.

Spine and Musculoskeletal: Patient is able to sit, stand and walks without problem. He is able to bend at the waist and touch his toes.

Skin, Lymphatic's: No visual rashes noted.

Neurological: Cranial nerves II through XII are intact.

Psychiatric: Patient is oriented to time and place and responds to questions appropriately

PPD Test: June 19, 2013

Tetanus: June 19, 2013

ASSESSMENT: #1 seizures #2 eye discomfort

PLAN: #1 patient will continue on Tegretol and he'll be placed on chronic care for seizures. We will also draw a Tegretol level if it has not are bit ordered. #2 patient will followup with the eye doctor for consult. Followup as needed

Examining Physician: Shaun Luebbe PA-C

Signature of Physician:



Exhibit

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

Physician Laissa Hunsberger DATE: 10-9-23
 FROM: Antwon Williams NSP 6B-2-L
 NAME / NUMBER 78187 FACILITY LOCATION

WORK LOCATION: UNIT STAFF:

MESSAGE: Ma. Hunsberger, the last time I met with you. You address concern of me taking these medication (Linzess 72mcg/capsule and Bisacodyl 5mg EC Tab) without first seeing a GI (Gastrointestinal Specialist). My question is should I stop or still take the medication.

NSP RECEIVED

ORIGINAL - DCS Employee
 YELLOW - Inmate

OCT 10 2023

Signature

Both copies need to be submitted for response.

REPLY: Continue ✓

how

Date

Signature

Exhibit		INL 300210	Pg 2	LabCorp® V 1.42	
205- Fasting Yes		#51	Report Status S /Final	Clinical Information	
Date Col 07/24		Entered 07/24/14	Date Reported 07/25/14		
Patient ID Number 78187		Patient Phone Number		Patient SSN	
Patient Name WILLIAMS, ANTWON		Sex M	Date of Birth 05/05/81		
Patient Address		Account 26300210 Omaha Correctional Center 05 2323 East Avenue "J" Omaha NE 68111-0099 402-522-7136 DR.ID: ANTLEY			
Comments PATN AGE: 033/02/19					
Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14); Carbamazepine (Tegretol), S;					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.3		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	108		IU/L	39 - 117	01
AST (SGOT)	21		IU/L	0 - 40	01
ALT (SGPT)	21		IU/L	0 - 44	01
Carbamazepine (Tegretol), S	8.1		ug/mL	4.0 - 12.0	01
In conjunction with other antiepileptic drugs					
				Therapeutic	4.0 - 8.0
				Toxicity	9.0 - 12.0
Carbamazepine alone					
				Therapeutic	8.0 - 12.0
Detection Limit = 0.5					
<0.5 indicated None Detected					

01 DV LabCorp Denver Dir: Frank Ryan, PhD
 8490 Upland Drive, Englewood, CO 80112-7115
 For inquiries, the physician may contact Branch: 800-457-1177 Lab: 800-795-3699

LAST PAGE OF REPORT

FINAL REPORT

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WILLIAMS, ANTWON

78187

205-620-0025-0 Seq# 4691 07-25-14 13:12ET

Specimen # 205-620-0025-0		Control/Req N HRZ26300210		Pg 1		LabCorp® V 1.42	
Fasting Yes	Micro Source	Total Urine Volume	Report Status S /Final				Clinical Information
Date Collected 07/24/14	Time Collected 07:32	Date Entered 07/24/14	Date Reported 07/25/14				
Patient ID Number 78187		Patient Phone Number		Patient SSN		Account 26300210	
Patient Name WILLIAMS, ANTWON			Sex M	Date of Birth 05/05/81		Omaha Correctional Center 05	
Patient Address			2323 East Avenue "J" Omaha NE 68111-0099				
Comments PATN AGE: 033/02/19			402-522-7136				
			DR.ID: ANTLEY				

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14); Carbamazepine (Tegretol), S;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	2.5	Alert	x10E3/uL	3.4 - 10.8	01
RBC	4.89		x10E6/uL	4.14 - 5.80	01
Minor variation in shape. Anisocytosis present.					
Hemoglobin	13.3		g/dL	12.6 - 17.7	01
Hematocrit	40.1		%	37.5 - 51.0	01
MCV	82		fL	79 - 97	01
MCH	27.2		pg	26.6 - 33.0	01
MCHC	33.2		g/dL	31.5 - 35.7	01
RDW	14.7		%	12.3 - 15.4	01
Platelets	205		x10E3/uL	150 - 379	01
Neutrophils	29	Low	%	40 - 74	01
Lymphs	61	High	%	14 - 46	01
Many atypical lymphocytes (>10%).					
Monocytes	5		%	4 - 12	01
Eos	3		%	0 - 5	01
Basos	2		%	0 - 3	01
Neutrophils (Absolute)	0.7	Low	x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.5		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.1		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Hematology Comments:		Note:		01	
Manual differential was performed.					
Comp. Metabolic Panel (14)					
Glucose, Serum	90		mg/dL	65 - 99	01
BUN	12		mg/dL	6 - 20	01
Creatinine, Serum	0.99		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	100		mL/min/1.73	>59	
eGFR If Africn Am	115		mL/min/1.73	>59	
BUN/Creatinine Ratio	12			8 - 19	
Sodium, Serum	138		mmol/L	134 - 144	0
Potassium, Serum	4.1		mmol/L	3.5 - 5.2	0
Chloride, Serum	102		mmol/L	97 - 108	0
Carbon Dioxide, Total	24		mmol/L	18 - 28	0
Calcium, Serum	9.3		mg/dL	8.7 - 10.2	0
Protein, Total, Serum	6.9		g/dL	6.0 - 8.5	0
Albumin, Serum	4.3		g/dL	3.5 - 5.5	0
Globulin, Total	2.6		g/dL	1.5 - 4.5	

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WILLIAMS, ANTWON

78187

205-620-0025-0 Seq# 4691 07-25-14 13:12

Margaret A Antley PA-C

Exhibit

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1 NEBRASKA LEGISLATURE

The official site of the Nebraska Unicameral Legislature

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Nebraska Revised Statute 83-4,164

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Chapter 83

83-4,164.

Peer review and quality assurance program.

The peer review and quality assurance program developed and implemented by the medical director shall provide for the ongoing review of the quality of health care services. This peer review and quality assurance program shall be carried out by a peer review and quality assurance panel comprised of medical doctors providing health care services and such other health care staff as the department designates. The peer review and quality assurance program shall be conducted through regular periodic meetings of the peer review and quality assurance panel for the purpose of examining issues pertaining to the quality of health care services. The peer review and quality assurance panel shall also conduct a regular review of selected cases arising in order to identify, critique, and correct errors in the practices and procedures of the health care staff. The peer review and quality assurance panel shall also review (1) all cases in which there has been a death of an inmate and (2) all cases in which there have been deviations from the approved medical treatment protocols of the department.



The medical director shall develop and implement a procedure for the direct feedback to the peer review and quality assurance panel of inmate complaints and other information from inmates pertaining to health care services. A permanent record of the meetings and deliberations of the peer review and quality assurance panel shall be maintained, but the records and all other evidence pertaining directly to the deliberations of the peer review and quality assurance panel are not subject to discovery in any civil action arising out of the health care services provided by or on behalf of the department.


Source

 Laws 2001, LB 154, § 12.

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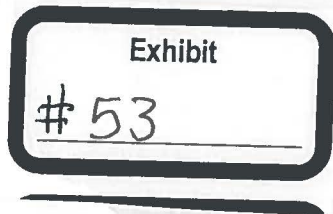
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83-4,163. Surgical procedures; medical treatment protocols.

The medical director shall develop and implement medical treatment protocols for common surgical procedures. In developing these protocols, the medical director shall ensure that the medical treatment protocols include:

- (1) Provisions defining procedures that are considered to be major surgery;
- (2) Provisions requiring that all inmates needing major surgery are referred to appropriate specialists and facilities outside of the department for that surgery;
- (3) Provisions requiring the implementation of pain management measures within an appropriate time after the completion of surgical procedures;
- (4) Provisions requiring that all decisions by the health care staff regarding whether or not surgery should be performed are based on a community standard of health care; and
- (5) Provisions requiring the health care staff to carefully document the rationale for each of their decisions to resort to surgery or to refrain from surgery as a treatment option.

Source: Laws 2001, LB 154, § 11.



83-4,162. Drugs; medical treatment protocols.

The medical director shall develop and implement medical treatment protocols regarding the use of drugs, devices, or biologicals for the treatment of inmates and shall ensure that those protocols are consistent with a community standard of health care. In developing these protocols, the medical director shall ensure that the medical treatment protocols include:

(1) Provisions requiring that only the relevant health care staff is involved in determining the number and dosages of the drugs, devices, or biologicals to be received by inmates under their care;

(2) Provisions establishing a system for monitoring the administration of drugs, devices, or biologicals to ensure that all prescribed drugs, devices, or biologicals are made available to the inmates; and

(3) Provisions establishing a system for monitoring and removing expired drugs, devices, or biologicals within the department's medication inventory which conforms with the requirements of section 71-2413.

Source: Laws 2001, LB 154, § 10.



83-4,161. Communicable diseases; medical treatment protocols.

In developing medical treatment protocols for the clinics, the medical director shall define the circumstances under which chronically ill inmates should return to the chronic care clinics for check-ups and when appointments should be made for chronically ill inmates to next be examined by health care staff. In developing and implementing medical treatment protocols for clinics for the detection and treatment of communicable diseases, the medical director shall ensure that the medical treatment protocols include:

(1) Provisions allowing for the routine immunization against communicable diseases of all inmates upon entering the custody of the department;

(2) Provisions requiring each inmate to be screened for communicable diseases, including (a) human immunodeficiency virus, (b) hepatitis A virus, (c) hepatitis B virus, (d) hepatitis C virus, (e) tuberculosis, and (f) sexually transmitted diseases, when the inmate enters into the custody of the department;

(3) Provisions requiring each inmate to be screened for (a) human immunodeficiency virus, unless previously tested positive, (b) hepatitis B virus, unless previously tested positive, (c) hepatitis C virus, unless previously tested positive, (d) tuberculosis, unless tested within the immediately preceding year or previously tested positive, and (e) sexually transmitted diseases, when the inmate leaves the custody of the department. No such screening shall be conducted without inmate consent;

(4) Provisions requiring any inmate in the custody of the department found to be infected with any of the diseases referenced in subdivision (2) of this section, when medically indicated, to be immediately referred to an infectious disease specialist for appropriate treatment;

(5) Provisions describing in detail those circumstances when it is medically desirable, because of risk to other noninfected inmates, to segregate, on an individual basis, any inmate found to be infected with the human immunodeficiency virus and also describing those circumstances when there is no longer a perceived medical need to continue the segregation of such an inmate;

(6) Provisions requiring that all health care staff who provide health care services be screened for communicable diseases, including (a) human immunodeficiency virus, (b) hepatitis A virus, (c) hepatitis B virus, and (d) hepatitis C virus, upon their entry into the employment of the department, and that all health care staff also be screened annually for tuberculosis; and

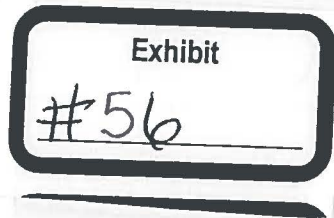
(7) Provisions allowing for employees of the department who come into immediate personal contact with the inmates to be immunized for hepatitis B virus.

Source: Laws 2001, LB 154, § 9; Laws 2005, LB 320, § 1.

83-4,160. Medical treatment protocols.

All medical treatment protocols developed, approved, and implemented by the department shall be based upon a community standard of health care. When applicable, these medical treatment protocols shall emphasize the need to maintain the continuity of any previously prescribed drugs, devices, or biologicals and treatment regimens that inmates are subject to when they enter the custody of the department. The medical director shall establish a mechanism for the periodic systematic review of all existing medical treatment protocols. All deviations from the approved medical treatment protocols shall be thoroughly documented by the department's health care staff and shall be systematically reviewed by the department's peer review and quality assurance panel.

Source: Laws 2001, LB 154, § 8.



Exhibit

#57

EVIDENCE-BASED MEDICINE CONSULT^(/)

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Lab Test: Carbamazepine (Blood) Level

Lab Test

Description

Reference Range

Uses

Application

Related Tests

Interactions

Test Tube

Procedure

Handling

Counseling Points

References

Lab Test

- Carbamazepine (Tegretol) blood measurement

Description

- Measurement of carbamazepine levels in serum or plasma to facilitate therapeutic or toxicity monitoring.

Reference Range

- 4-12 mcg/mL (17-51 micromol/L)
- Toxicity:
 - Adults: > 15 mcg/mL (> 63 micromol/L)
 - Cardiac Effects: dysrhythmias and conduction defects may occur at levels as low as 3.2 mg/L
 - Neurologic Effects: occur at concentrations of 4 to 5 times the upper therapeutic limit and include (nystagmus, ataxia, gross intention tremor, dysarthria, respiratory depression, drowsiness, stupor, or coma)

Indications & Uses

- Seizures: Drug level monitoring during carbamazepine (Tegretol) therapy
- Suspected carbamazepine toxicity

Clinical Application

- Carbamazepine blood levels should be reviewed within the context of clinical findings, such as a change in seizure frequency.
- Serum concentrations of carbamazepine may be affected by the co-administration of other antiepileptic drugs and by the age of the patient.
- Seizure protection is best assessed in the context of trough levels, and toxicity potential is best assessed in the context of peak levels.
- At the onset of treatment, carbamazepine levels initially rise, followed by a slow decrease over the next 3 to 4 weeks due to auto-activation of metabolic enzymes (e.g., CYP3A4) involved in eliminating carbamazepine. This is due to its own 10,11-epoxide metabolite and usually indicates the need for a dosage increase.
- Sub-therapeutic carbamazepine levels may indicate patient noncompliance or an interaction with another substance in the serum sample.
- Blood concentrations can change when switching formulations or brands of carbamazepine.
- Grapefruit can inhibit the metabolism of carbamazepine due to inhibition of CYP3A4, thereby increasing the levels of carbamazepine.

Related Tests

- Phenytoin levels

Drug-Lab Interactions

- None

Test Tube Needed

- Red top tube (with no additives)
- Heparin (Green top tube)
- EDTA tube (Lavender top)

Procedure

- Draw serum or plasma sample ~ 1mL
- If using serum separator tube, fill tube completely and process promptly.
- Collect trough sample.
- Collect at a consistent time of day.
- Avoid hemolysis.

Storage and Handling

- May store at room temperature for several hours.
- May store at -20°C for up to 1 year.

What To Tell Patient Before & After

- None

References

- Elyas AA et al. Factors influencing simultaneous concentrations of total and free carbamazepine and carbamazepine-10,11-epoxid in serum of children with epilepsy. Ther Drug Monit 1986;8(3):288-92.
- Arroyo S et al. Carbamazepine in comparative trials: pharmacokinetic characteristics too often forgotten. Neurology 1999;53:1170-4.
- LaGow B et al., eds. PDR Lab Advisor. A Comprehensive Point-of-Care Guide for Over 600 Lab Tests. First ed. Montvale, NJ: Thomson PDR; 2007.

Related Content

- **Pharmacology:** Carbamazepine (Tegretol) and Quetiapine (Seroquel) Drug Interaction (/articles/how-does-carbamazepine-tegretol-quetiapine-seroquel-drug-interaction-increased-clearance)

MESH Terms & Keywords

Carbamazepine, Tegretol

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Exhibit

#58

DEPARTMENT OF CORRECTIONAL SERVICES

INTEVIEW REQUEST

TO: Mr. Johnson / Medical DATE: 8-10-23
 FROM: Antwan Williams NSP 6B-2-L
NAME / NUMBER # 78187 FACILITY LOCATION

WORK LOCATION: Unit Porter UNIT STAFF: _____

MESSAGE: Hello, I am written you with deep concern about why wasn't I place on medical sick call list to discuss about something being wrong with my Liver. "C-Reactive Protein #3.0" add "Lipase #11" also "Ketone / Urine # Trace". * mean outside of normal range.

Date Lab was taken 7-28-23
 Date Result was back 8-2-23

If I didn't come to review my medical chart on 8-4-23 no one was going to tell me or talk to me about my results. I had to

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

AUG 11 2023
Signature

REPLY: You were scheduled
to see provider 8/10/23

Date

Signature

Exhibit

#59

DEPARTMENT OF CORRECTIONAL SERVICES

TE INTERVIEW REQUEST

TO: W. Cannon / Medical DATE: 8-10-23FROM: Antwon Williams NSP 6B-2L
NAME / NUMBER FACILITY LOCATIONWORK LOCATION: Unit Porter UNIT STAFF: _____MESSAGE: request to be seen.

It's been over 2 years "since
 2021" after I was given that
 medication (Keppra 500mg with
 my original medication) Carbam
 azepine 400mg I've been com
 plaining about kidney and
 Liver. Now that you see
 there is something wrong.
 Can I please be seen by
 a outside doctor like I been
 requesting for sometime now
 because I am still in pain

NSP RECEIVED

AUG 11 2023

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

Signature

REPLY: _____

Seen

8/10/23

Date

Signature

DCS-A.sdm-013 (rev. 1/2017)

Inmate Name
Inmate Number
Box 22500
Lincoln NE, 68542-0500
Notice: This correspondence will be opened by
Nebraska State Penitentiary
if its contents are uncensored

Antwon Williams #78187

15.36



46-03-13



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